

Memorial Hospital Lafayette County 'MHLC'
Monday, April 22, 2013
MHLC Conference Room
Minutes from Monthly MHLC Committee Meeting

Present: MHLC Chairperson Bill Moody- County Supervisors Wayne Wilson, Bob Boyle, Ron Niemann, Connie Hull, Medical Director Matt Solverson; CEO Julie Chikowski; CFO Marie Wamsley; DON Kathy Ruef; Accounts Manager Krahenbuhl

I. Call to Order

Chair Moody called the meeting to order at 10:30 am.

II. Posting

Chair Moody asked if the meeting had been properly posted. CFO Wamsley reported that the meeting had been posted with notices at the Hospital, Health Department, Court House, County Website, and the local newspapers. Chair Moody declared the meeting to be legal.

III. Approval of Agenda - Discussion and possible action requested

Chair Moody presented the agenda and inquired if there were any changes. Ms. Chikowski stated there were no changes. Mr. Wilson made a motion, seconded by Mr. Niemann to approve the agenda as presented but would like to move up the IT Personnel for discussion right after the minutes - Voice Vote, Motion passed unanimously. After a brief discussion it was decided to add an Old Business section to the agenda for items like the generator, that may stay on the agenda for a long time and to serve as a reminder that they are still open.

IV. Minutes – Discussion and possible action requested

Ms. Hull made a motion and seconded by Mr. Boyle to approve minutes from the April 2, 2013 Memorial Hospital of Lafayette County board meeting as presented. General discussions, Voice Vote, motion passed unanimously with the changes noted. Comment that the minutes have not been showing up on the website – Marie said that they have been sent to Linda and will follow up with her.

- **IT Person Specific to the Hospital** – There was a misunderstanding between Ron & Julie regarding this agenda item. Mr. Nieman felt that after the half time County IT person was approved to go fulltime it would put the County in good shape for IT. General discussion continued – no action required at this time.

V. Phase II Meaningful Use – Julie explained that Louis Wenzel, RWHC, ITN put together a couple of different financial options for MHLC as far as the hospital being a beta site. It was put on the agenda for discussion to help determine the best option. The Beta program is being offered for hospitals to participate in and the RWHC hospitals would like to move forward with the beta program as a group – if MHLC doesn't participate in the beta program, the opportunity to participate in Phase II Meaningful Use potentially will be lost, and not be able to get the incentive money associated with it. Julie also noted that if we implement this before the end of September we will be reimbursed at 91% instead of the general 65% on just the depreciation of the Capital Investment. Marie presented 2 Options. Option 1 would be to pay upfront costs of \$155,000 plus \$40,000 for hardware costs and have monthly ongoing maintenance fees of \$4,800, with this option the net costs after Medicare Incentive reimbursement would be approximately \$119,329. Option 2 would be to pay upfront costs of \$250,000 and have ongoing monthly maintenance fees of \$2,700, which this the net costs after reimbursement would be approximately \$83,351. After a general discussion of several points of concern regarding hardware costs, which Ms. Chikowski will get more information to send to Mr. Niemann to review, the motion was made by Mr. Wilson, seconded by Ms. Hull to go with Option 2. Voice Vote, motion passed.

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VI. Financial Report– Discussion and possible action**1. CFO Wamsley presented the financial reports with the following highlights:**

Exhibit 5 – Income statement/Departmental Income Statement – In discussion with the finance department, everything has not been posted for March expenses, including the payroll accruals. There is one entire payroll that should be included in the March totals, which is an expense of approximately \$215,500. Total Inpatient Revenue is down for the month of March. Total Operating Room Revenue continues to be lower than 2012 and lower than budget by approximately \$196,000. The Emergency Room continues to see revenue increases into March, the 24/7 ER physician coverage started in April. Clinical Expenses are down from 2012, as well, but this is likely due to the missing payroll accruals, which is estimated at \$215,500, with this expense it is slightly under budget by \$42,500. Preliminary March totals are showing approximately \$149,960 YTD profit after the adjustment for the payroll. Operating Margin percentage after the adjustment for the payroll would be approximately 2.791%.

Exhibit 4 – Balance Sheet – Cash as of March 31, 2013 is showing \$531,753. The Accounts Receivable balance, as of March 31, 2013 was at \$3,688,124. Not all the EFT Deposits have been posted, estimating these at approximately \$730,000, which would take cash to approximately \$1,262,000, and Accounts Receivable down to approximately \$2,958,000.

Exhibit 3 – Aged Accounts Receivable - The net days outstanding in accounts receivable is 57.68 days, with 60.20% of accounts receivable being in the 0-30 days outstanding, and 21.20 in the 31-60 days. The staff were a little behind with having one less biller, but she is back and they are working diligently to get caught back up. Currently for the month of March \$445,192 is greater than 90 days old, which is up by \$78,043 from the previous month. Ms. Wamsley noted their have been some Medicare delayed payments, which are expected to be paid soon. Also, she noted that the 1% decrease in cost reimbursement will have an impact of approximately \$60,000 on MHLC.

Mr. Boyle made a motion and seconded by Mr. Wilson to accept the Financial Report as presented – Other General Discussions - Voice Vote, Motion Passed Unanimously.

Utilization Report – Discussion and possible action

Exhibit 2 – Inpatient and Swingbed days for the month of March were down from 2012. Surgical cases were up slightly in March 2013 compared to 2012, still continue to be down YTD. The Therapy Departments are down for the month of March, 2013 compared to 2012. Radiology and Laboratory Departments are showing some good increases, as expected with the increase in the Emergency Room. Outpatient Clinic visits remains steady. The Emergency Room continues to be busy, with 89 more patients YTD in 2013 compared to 2012. 9 more ER patients were admitted to the floor in 2013 compared to 2012. Mr. Wilson inquired on the differences between Urgent Care and Emergency Room, Ms. Ruef explained it as an Urgent Care visit being very similar to a Clinic Visit. Explanation was given for Observation stay as patients that need to be monitored for a period of time, usually 24 hours or less after being given treatment to determine if the patient is well enough to go home or they need further care. Observation stay helps reduce Emergency room readmissions.

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VII. Personnel – discussion and possible action requested.

1. **Staff Updates** – Offered Clinic position to an experienced Medical Assistant who previously worked at WI Heart – will start April 29. Lee Black started last Monday as the Maintenance Helper.
2. **March Overtime Report** – Ms. Chikowski handed out the Overtime report for the month of March. 24 hours up from February - Discussions regarding OT sheets needing to be signed by Administrator Julie does review them. Nursing overtime remains higher due to orientation of new RN's. It is anticipated that this will go down once these orientations are completed. Discussions on the importance of keeping existing staff here due to the costs involved in orienting new staff. General discussion continued – Julie will continue to monitor and agrees to sign the OT slips.
3. **Pharmacy Recruitment** – Approved a 1.0 FTE. Retirement in September from Jim Lubinski. Looking to bring in a Pharmacist 30 to 60 days prior to allow time for orientation. Ms. Chikowski is working on a job description before they will be able to hire. Ms. Hull suggested looking into the possibility of the new pharmacist covering the nursing home as well if we decide to hire. No action today – just keep it in mind that we are working on this.
4. **Replace fulltime RN** – A full time RN took the 20 hour OB manager position & ½ time person who took the Recovery position. Human Resources had approved this fulltime RN replacement pending Hospital Board Approval. Motion by Mr. Wilson, seconded by Mr. Niemann to approve to hire a Fulltime RN.
5. **Hire RN LTE for 12 weeks** – Ms. Chikowski requested approval of a LTE Hire for 12 weeks to help cover vacations, sick, etc. Motion by Mr. Niemann, seconded by Mr. Boyle. Mr. Niemann noted that if the hires are for 12 weeks or less, limited term employees this would not have to be approved by the Human Resource Committee – Administrator has the authority to hire.

VIII. Medical Staff Report – Discussion and possible action

Dr. Solverson stated that they are still looking for another physician for their clinic. He also mentioned that they plan to go-live with their Clinic Electronic Health Records sometime between July 15th to August 1st with the implementation of Alaris, as their vendor of choice. This will be a very stressful time for the physicians especially with the hospital's implementation, as well. There have been ongoing discussions with Dodgeville, Monroe & others for OB GYN coverage.

IX. Management Report – discussion and possible action

1. **IT Request:** Ms. Wamsley presented the request to purchase a replacement computer for the Med/Surg HUC computer, the computer cannot no longer handle the programs on the computer. This was included in the budget for 2013. Mr. Wilson made the motion, seconded by Ms. Hull to approve the purchase of a replacement computer for the Med Surg HUC - \$707.93 which includes a license for Microsoft Office 2010.
2. **OB Recruitment** – In negotiations with Upland Hills to get more robust coverage. Discussions with Dean – they will not let their doctor out of her covenant. Looking at Monroe for options as well. Trying to buy additional coverage wherever we can get coverage.
3. **Generator:** Jim Pahnke is still working on getting quotes & looking to get specifications.

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4. **Radio Implementation Update – WISCOM:** Bioterrorism Grant money is available for purchasing a Radio which would go in each Hospital, so each Hospital can communicate with each other if the phone system were to go down. The purchase would be a WISCOM radio which is a secure radio. The Grant will cover the costs in full. General discussion continued.
5. **Possible Department Moves:** Ms. Chikowski stated that Jason Walter, the IT Coordinator, is looking at all the IT possibilities & costs associated with the Hospital Business Office staff moving to the Nursing Home. There have been issues in the past related to the internet being down, which Jason is hoping to have resolved soon. It was noted that the phone system is good, and the space is good.
6. **Color Run, Sunday, August 4th:** Team of Hospital Staff are putting a Color Run together – Looking to help with the Outpatient Clinic Expansion Project. The Hospital Auxiliary is also interested in the possibility of helping with the Outpatient Clinic Expansion Project. Future renovations.
7. **Panic Buttons:** The Hospital is looking to purchase Panic Buttons at a cost of \$7,500 panic buttons & radios which would be located in various locations throughout the hospital for additional security. There are no annual maintenance costs. This purchase is Bioterrorism Grant fully Funded. Motion by Mr. Niemann, seconded by Ms. Hull to approve WISCOM Radio at no cost and Panic Buttons/Radios at no cost, with the grant funds to fully cover these purchases. Motion passed.
8. **Vacation Payout:** Ms. Chikowski summarized that she requested 1st time County has ever paid out vacation. The County is looking at the possibility of changing the County Policy to allow either additional vacation carryover or payout a portion or not allow at all in the future.

X Audit of Bills

The bills were presented for approval.

Mr. Wilson made a motion and seconded by Mr. Boyle to approve the Audit of Bills as presented.

General Discussion - Voice Vote Motion Passed Unanimously

XI Next Meeting – Chair Moody set the next meeting date.

**Next Hospital Board Meeting set for
Wednesday, May 22, 2013 at 8:30am
MHLC Conference Room**

XII Adjournment – Mr. Wilson made a motion and seconded by Mr. Boyle to adjourn the meeting at approximately 12:05 pm - Voice Vote Motion Passed Unanimously

Focus Statement

"Caring... Quality... Life... We take it Personally."